

FILED DEC 14 1948

Registration District No. 149

Primary Registration District No. 1002

State File No. 4865
Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
3006 Park
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
In this community 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MRS. BERTHA W. HART

3. (b) If veteran, name war XX 3. (c) Social Security No. None

4. Sex Fe / 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John A. Hart 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased November 13 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 0 14 hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business 4

12. Name Frederick Muller 4

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Anna Oertlieb

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Nina Hart

(b) Address 3006 Park

17. (a) Burial (b) Date thereof 11-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City, Mo.

19. (a) 11-19-48 (b) Etheldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3006 Park
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27th
year 1948 hour 11:00 minute P.M.

21. I hereby certify that I attended the deceased from 1-20 1947 to 11-25 1948
that I last saw her alive on 11-27 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration

Due to

Due to

Other conditions. None 942
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

Signature D. M. Nigro M.D. Date signed 11-29-48

Address 925 1/2 N. 1st St. St. Louis, Mo.

23. Signature

Address

Date signed

Original
NA 2358

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.